

NOTICE OF PRIVACY PRACTICES

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

All requested information shall be relevant to the care and well-being of the individuals served. All information should be considered Protected Health Information (PHI), in accordance with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Signature of this Privacy Notice shall serve as acknowledgement that DMHMRS may use and share information for treatment, payment and overall healthcare operations that may include counseling, billing and quality assurance. The use or sharing of any information not directly related to services and supports, shall have prior written authorization.

An example of information sharing that may be necessary without written consent or authorization is a life threatening medical emergency.

Rights of the Individual. The individual, in writing, may request restrictions on the use or sharing of information, receive confidential communication, inspect and receive copies of any shared information, receive an accounting of shared information and amend or revoke authorization.

Duties of DMHMRS. Maintain privacy and provide notice of legal duties and privacy practices. Abide by this effective notice and any restriction agreements. Provide notice of revised privacy practices.

For additional information or complaints regarding privacy practices contact the HIPAA Compliance Officer at (502) 564-4527.

Complaints against DMHMRS, regarding privacy of PHI, should be forwarded to:

Department for MH/MR	U.S. Dept. of Health and Human Services
Attn: Privacy Officer	Atlanta Federal Center
100 Fair Oaks Lane	61 Forsyth St., SW Suite 3B70
Frankfort, KY 40621	Atlanta, GA 30303-8909
(502) 564-4527	(404) 562-7886 or TDD (404) 562-7881

This notice has been issued and considered effective this date. The copy shall be retained by DMHMRS for a minimum of six (6) years.

Signature (Client) date

Signature (Representative) date

Signature (Witness) date

Relationship to Client